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UTILITY PATENT APPLICATION

Attorney Docket No.	SP04-007	Total Pages	2		
First Named Inventor or Application Identifier: Alan F. Evans, et al					
Title: ACTIVE FIBER LOSS M	ONITOR AND METHOD				
Express Mail Label No.	EV 327190156 US				

	Title: ACTIVE FIBER LOSS MONITOR AND METHOD					
TRANSMITTAL	Express Mail Label No.					
(Only for new nonprovisional applications under 37 C	C.F.R. § 1.53(b))		EV 327190156 US			
CERTIFICATE OF EXPRESS MAIL UNDER I hereby certify that this paper or fee is being deposited States Postal Service "Express Mail Post Office to A under 37 CFR 1.10 on the date indicated below and is A Stop Patent Application, Commissioner of Patents, Alexandria, VA 22313-1450	d with the United ddressee" service Addressed to Mail	ADDRES	Mail Stop Pater Commissioner P.O. Box 1450 Alexandria, VA	of Patents		
on LEDYUQY 11, 2004 (Date) Signature Yra Gynta (Date) "EXPRESS MAIL" Mailing Label No. EV 327190156 US	s			141 U.S. PTO 10/776832		
* Fee Transmittal Form (Submit an original and a duplicate for fee pro	ncessing)	5.	Microfiche Computer Progra	am (Appendix)		
Specification (preferred arrangement set forth below) Descriptive title of the Invention Cross References to Related Applications Statement Regarding Fed sponsored R&D Reference to Microfiche Appendix Background of the Invention	(Total Pages		e and/or Amino Acid Sequer ble, all necessary) Computer Readable Co Paper Copy (identical to Statement verifying ider	py o computer copy)		
- Brief Summary of the Invention			'			
- Brief Description of the Drawings (if filed)		ACCOMPANYING APPLICATION PARTS				
- Detailed Description		7.	Assignment Papers (cover s	sheet & document(s))		
Claim(s)Abstract of the Disclosure		8.	37 C.F.R. § 3.73(b) Stateme (when there is an assignee)	· · ·		
	Total Sheets	9 9.	English Translation Docume			
_	Total Pages	10.	Information Disclosure Statement (IDS)/PTO-1449	Copies of IDS Citations		
a. Executed (original or copy)		11.	Preliminary Amendment			
b. Copy from a prior application (37 C.F.R (for continuation/divisional with Box 16		12. Return Receipt Postcard (MPEP 503) (should be specifically itemized)				
i. <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting in application, see 37 C.F.R. §§ 1.63(d)(ior 14.	Certified Copy of 15. Priority Document(s) (if foreign priority is claimed)	Other:		
16. If a CONTINUING APPLICATION, check appropri	iate box, and supply the	e requisite information below	and in a preliminary amendn	nent:		
	inuation-in-part (CIP) of	· · · · · · · · · · · · · · · · · · ·				
Prior application information: Examiner: For CONTINUATION or DIVISIONAL APPS only: The	antira dicalacura of the	Group / Art L		ied under Roy 4h		
is considered as being part of the disclosure of the a			• • • • • • • • • • • • • • • • • • • •	ieu unuer DOX 40,		
reference. The incorporation can only be relied upon		• • •	•	3. <u> </u>		
	17. CORRESI	PONDENCE ADDRESS				
Customer Number or Bar Code Label 22928 or Correspondence address below						
NAME						
ADDRESS Corning Incorporated, SP						
CITY Corning	STATE	NY	ZIP CODE	14831		
COUNTRY USA	TELEPHONE	607-974-6574	FAX	(607) 974-3848		
Name (Print/Type) Juliana Agon Registration No. (Attorney/Agent) 33,468 Signature Date 2/1//14						
Signature Ch Cha.	Ή					

S. PTC

FEE TRANSMITTAL for FY 2003

Complete if Known

Application Number To Be Assigned
Filing Date Herewith

First Named Inventor Alan F. Evans, et al.

Examiner Name To Be Assigned

Group / Art Unit To Be Assigned

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TOTAL AMOUNT OF PAYMENT (\$)770.00					ney D	ocket	Number	SP04-007		
METHOD OF PAYMENT (check one)						FE	E CALCUL	ATION (con	tinued)	
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indica Deposit	indicated fees and credit any overpayments to:				Entitl	У				
	03-3325			Fee Code	Fee		Fee Descripti	on		Fee Paid
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Deposit	. .		i	1051	130		Surcharge - late	e filing fee or oat	h	
Account Name	ccount Corning Incorporated						Surcharge - late cover sl	e provisional filin neet	g fee or	
⊠c	Charge Any Additional Fees Required				130		Non-English sp	ecification		
2 Payma	Under 37 C.F.R. §§ 1.16 and 1.17 2. ☐ Payment Enclosed:				2,520		For filing a requ	est for reexamin	ation	
	Z. ☐ Payment Enclosed: ☐ Check ☐ Money Order ☐ Other				920*		Requesting put	lication of SIR p	rior to	
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١	. BASIC FILING FEE Large Entitly				1,840			olication of SIR a er action	fter	
Fee Fee	•	Description	Fee Paid	1251	110		Extension for re	eply within first m	ionth	
Code (\$)				1252	420		Extension for re	ply within secon	d month	
•				1253	950		Extension for re	eply within third n	nonth	
1001 770		y filing fee	770.00	1254	1,480		Extension for re	ply within fourth	month	
1002 340		gn filing fee		1255	2,010		Extension for re	ply within fifth m	ionth	
1003 530		t filing fee		1401	330		Notice of Appea	al .		
1004 770		sue filing fee		1402	330		Filing a brief in	support of an ap	peal	
1005 160	1005 160 Provisional filing fee SUBTOTAL (1) (\$)770.00 2. EXTRA CLAIM FEES Extra Fee from Claims below Fee Paid				290		Request for ora	l hearing		
O EVEDA					1,510		Petition to instit	ute a public use	proceeding	
2. EXTRA					110		Petition to reviv	e - unavoidable		
					1,330		Petition to reviv	e - unintentional		
Total Claims $-20^{**} = x \ 18 = 00.00$				1501	1,330		Utility issue fee	(or reissue)		
Independent - 3** = x 86 = 00.00				1502	480		Design issue fe	e		
Claims Multiple Dependent 0 = 0.00					640		Plant issue fee			
					130		Petitions to the	Commissioner		
•	or number previously paid, if greater; For Reissues, see below				50		Petitions related	d to provisional a	pplications	
Large Entit	y Fee Desc	ription		1807 1806	180			nformation Discl		
Code (\$)	1 00 5000	npuo.		8021	40			n patent assignm		
1202 18	Claims in ex	cess of 20						(times number		
1201 86	Independen	t claims in exce	ss of 3	1809	770		•	sion after final re	jection	
1203 290	Multiple dep	endent claim, if	not paid0				(37 C.F	.R. § 1.129(a))		
1204 86		ndependent clai iginal patent	ms over	1810	770			onal invention to ed (37 C.F.R § 1		
1205 18 ** Reissue claims in excess of 20 and over original patent				1801 770 Request for Continued Examination (RCE) 1802 900 Request for expedited examination of a design application						
SUBTOTAL (2) (\$)00.00					iced by	Basic F	iling Fee Paid	SUB	TOTAL (3)	<u>(\$)</u>
SUBMITTED BY							Completed (if applicable)		
Name (Print/Type) Juliana Agon Signature (/ / /					egistra	ation No	o. (Attorney/A	gent)	33,468	
						Date		1. / 1.1		

Revised: January 2003